



# LOUISIANA DEPARTMENT OF EDUCATION

## Overview

In August 2025, BESE approved the Program Dissolution process outlined in [Bulletin 996](#). All teacher preparation providers should follow the steps in the policy and in the [Program Dissolution guidance](#) when implementing this process.

## Submission Requirements

Providers requesting to dissolve one or more programs should submit an assurance for each area, including all pathways and content areas to be dissolved: undergraduate, certification-only, MAT, and practitioner. Assurances should not be submitted for pathways or programs that the provider is not seeking to dissolve.

## Submission Process

Dissolution assurance documents should be signed and submitted to the Louisiana Department of Education by emailing [believeandprepare@la.gov](mailto:believeandprepare@la.gov).

### Steps for completing the assurances submission are:

1. On the PDF Assurances document below, read each assurance statement. Then check the box ensuring that “My institution acknowledges and assures...” for the policy requirement that follows.
2. Appropriate parties must complete the signature page. This may be done via DocuSign or manually with an ink pen.
3. The program lead should email assurances and any necessary documentation to [believeandprepare@la.gov](mailto:believeandprepare@la.gov).



# LOUISIANA DEPARTMENT OF EDUCATION

## Program Approval: Teacher Preparation Provider

Provider Assurances for Dissolution of Teacher Preparation Program

NAME OF PROVIDER \_\_\_\_\_

**As applicable to the program and certification area requirements,** for any approved pathway and certification program that the provider wishes to dissolve, the teacher preparation provider assures that:

**My institution acknowledges and assures that:**

- Beginning \_\_\_\_\_ (program dissolution date), \_\_\_\_\_ (name of teacher preparation provider) will no longer provide the \_\_\_\_\_ (Educational Leadership, Mentor Certification, Content Leader) Pathway.
- Beginning \_\_\_\_\_ (program dissolution date), \_\_\_\_\_ (certification area) as part of the \_\_\_\_\_ pathway (undergraduate, certification-only, MAT, and practitioner) will no longer be provided.
- Candidates will no longer be enrolled in this program beginning \_\_\_\_\_ (date) and the program/certification area(s) will be removed from [TeachLouisiana.net](http://TeachLouisiana.net) and [Canopy Professional Learning Partner Guide \(PLPG\)](#).
- The process for current candidates to complete their program or to transfer to another program is attached to these assurances, including a timeline for dissolution.
- Once the application for dissolution of a teacher preparation program is filed with the Louisiana Department of Education, the program approval process must be completed to reinstate the dissolved program(s) and/or pathway(s).
- Title II access will be removed for dissolved programs and/or pathways, beginning on the dissolution date.
- All students who are affected by the dissolution of this pathway/program will be notified within 30 business days of filing these assurances with the Louisiana Department of Education. Students will be notified of the dissolution timeline, whether they are able to complete the current program, or of potential transfers to other teacher preparation programs.

*The signatures below indicate that leaders responsible for overseeing the design and implementation of the programs included in this application, including deans and/or directors of colleges and/or schools that provide coursework for these programs, have approved the information provided in this assurance for dissolution and submitted it to the Louisiana Department of Education. We further certify that the program will meet all minimum requirements as established in LAC 28:XLV. Bulletin 996 - Standards for Approval of Teacher and/or Educational Leader Preparation Programs, Section 303.L.*

\_\_\_\_\_  
Dean or Director, Print/Type Name

\_\_\_\_\_  
Dean or Director, Signature

\_\_\_\_\_  
Date

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*Operating Agency CEO/Administrator, Print/Type Name*

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*Operating Agency CEO/Administrator, Signature*

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*Date*

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*Other Campus/Provider Head or Designee, Print/Type Name/Title*

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*Other Campus/Provider Head or Designee, Signature*

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*Date*